



Delaware Public Health Laboratory
30 Sunnyside Road
Smyrna, DE 19977
Phone: 302.223.1520 Fax: 302.653.2877

REQUEST FOR ENVIRONMENTAL PREPAREDNESS TESTING

Date: _____ Collection Time: _____ Page ____ of ____

DIRECTIONS: Complete this form for each *BATCH* of samples. For clinical samples, use clinical forms. Complete DPHL "Chain of Custody Form for Environmental Preparedness Samples" for *EACH* sample batch. Complete DPHL "Chain of Custody Form for Multiple Environmental Preparedness Samples" for each sample.

SUBMITTED SAMPLE INFORMATION

Sample Type Check type below		Number Submitted
<input type="checkbox"/>	Opened Envelope/Letter	
<input type="checkbox"/>	Unopened Envelope/Letter	
<input type="checkbox"/>	Powder	
<input type="checkbox"/>	Environmental Swab	
<input type="checkbox"/>	Liquid	
<input type="checkbox"/>	Drinking Water	
<input type="checkbox"/>	Food (specify):	
<input type="checkbox"/>	Unknown	
<input type="checkbox"/>	Mixed Sample:	
<input type="checkbox"/>	BDS cartridge	
<input type="checkbox"/>	Other (specify):	
Total number of samples?		
Potential number of exposed persons?		
Symptoms of exposed people?		
Onset of symptoms? (immediate, minutes, hours, days, etc.)		
Other additional information		

Test(s) Requested? Check box(es) below			
<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	Trace Metals	<input type="checkbox"/>	Volatile Organic Compounds
<input type="checkbox"/>	Nerve Agents	<input type="checkbox"/>	Lewisites
<input type="checkbox"/>	Mustard/Blister	<input type="checkbox"/>	Riot/Choking Agents
<input type="checkbox"/>	Culture	<input type="checkbox"/>	Ricin
<input type="checkbox"/>	PCR	<input type="checkbox"/>	Anthrax
<input type="checkbox"/>	TRF	<input type="checkbox"/>	
Other (specify):			
Potential identity(s) of agent(s)?			
Source of samples?			
Detailed Description of Sample(s):			

The Sample(s) is...

YES NO DPHL staff only

Properly stored (See specimen collection guidance)?			
Separated by sample type?			
Labeled with facility/group identifier?			
Properly contained with sorbent (no leaks or cracks)?			
Triaged? (Complete Field Triage Form - next page)			
Double bagged?			
Outside of bag decontaminated?			
Decontaminant used: _____	LIST		
Individually sealed with evidence tape and initialed by collector?			
Including Chain of Custody Sheet for each sample type?			

Shaded area to be completed by DPHL Personnel ONLY

Priority of Testing (CIRCLE): CRITICAL (STAT) MODERATE (ROUTINE) EXERCISE



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**REQUEST FOR ENVIRONMENTAL PREPAREDNESS TESTING
FIELD TRIAGE FORM**

DIRECTIONS: Complete the table below for each sample batch.. For clinical samples, use clinical forms.

Complete and attach "DPHL Chain of Custody for Environmental Samples" for each *batch*.

Complete DPHL "Chain of Custody Form for Multiple Environmental Preparedness Samples" for *each* sample.

Check Box(es) below for Test Performed	Result? (Check box below)		Triage Information	
	Negative	Positive	Complete this section for each positive test.	
			Explosives:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Radiation:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Chemicals:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Biologicals:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Other (specify):	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Other (specify):	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	

**Shaded area to be completed at DPHL ONLY
CLEARED FOR PREPAREDNESS ANALYSIS?**

Submitter printed name/signature: _____ YES NO

DPHL receiver printed name/signature: _____ YES NO



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CHAIN OF CUSTODY FOR ENVIRONMENTAL PREPAREDNESS SAMPLES

DIRECTIONS: Complete this form for each sample batch. For clinical samples use clinical forms.

Complete the "DPHL Request For Environmental Sample Testing" Form for each sample batch.

Complete DPHL "Chain of Custody Form for Multiple Environmental Preparedness Samples" for each sample.

Original Specimen Collected by (Print and Sign):

Date/Time:

Submitter Information: (Please Print)

Name
Organization
Street Address
City, State, Zip Code
Phone/Cell#
Email Address

Describe sample(s) collection area:

Name/Organization
Street Address (Intersection)
City, State, Zip Code
Phone
Location (floor, region, or area)
Other descriptor:

Description of sample submitted:

Suspected agent(s):	Collection Time:
Number of specimens:	Specimen type:
Any additional Information	
Description of Sample(s):	

Test(s) Requested: _____

Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		

Shaded area to be completed by DPHL Personnel ONLY

Priority of Testing (CIRCLE): CRITICAL (STAT) MODERATE (ROUTINE) EXERCISE



CHAIN OF CUSTODY FOR ENVIRONMENTAL PREPAREDNESS SAMPLES

Date/Time: _____

Page ____ of ____

Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Reason:		
Received by: (print/sign)	Date:	Time:
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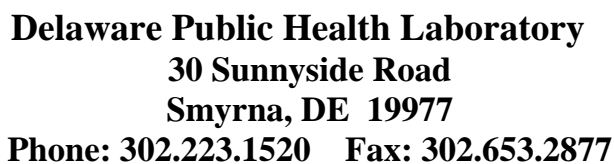


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CHAIN OF CUSTODY FORM FOR MULTIPLE ENVIRONMENTAL PREPAREDNESS SAMPLES

DIRECTIONS: Complete this form for each sample and specimen type with multiple preparedness samples.
Complete "DPHL Request for Environmental Preparedness Testing" for each batch submission.
Complete "DPHL Chain of Custody for Environmental Preparedness Samples" for each batch.

Sample Number	Sample Description (submitter, type, quantity, location, sample source, any additional information, triage results if positive)	Testing Requested? Check boxes below							
		Cyanide	Nerve Agents	Trace Metals	Mustard or Blister	Choking	Culture	PCR	TRF
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									



DIRECTIONS: Complete this form for each sample and specimen type with multiple preparedness samples.
Complete “DPHL Request for Environmental Preparedness Testing” for each batch submission.
Complete “DPHL Chain of Custody for Environmental Preparedness Samples” for each batch.

Updated 01/03/06